

ACH Instruction Sheet

Date _____

For accounts established internally at your institution:

Institution Name _____

Institution's ABA No. _____

Institution's Account No. _____

For accounts established at a different institution for the State of Illinois on behalf of your institution:

Your Institution's Name _____

Institution Holding Account _____

ABA No. _____

Account No. _____

Please note – the contact person listed below regarding this account must be listed on the Certificate of Incumbency (Exhibit A) in the Deposit Agreement:

Contact Name & Title _____

Contact Signature _____

Name of Financial Institution _____

Telephone Number _____

Fax Number _____